

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1512 -63-009115  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 19 1963 318

1003

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| VS 300<br>Rev. 4/59 | DATE AMENDED |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>St. Louis   |  | c. CITY OR TOWN St. Louis   |   |
| Length of stay in 1b<br>10 yrs.  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 6003 Maple  |  | d. STREET ADDRESS (If outside, give location)<br>6003 Maple   |   |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First OLIVIA Middle MOORE Last   |  | 4. DATE OF DEATH<br>Month February Day 7, Year 1963   |   |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>Negro  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>6/5/1905  |
| 9. AGE (last birthday)<br>57   |  | 10. IF UNDER 1 YEAR IF UNDER 24 HR<br>Months 8 Days 2 Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>None   |   |
| 11. BIRTHPLACE (City and state or country)<br>Vicksburg, Miss.   |  | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |   |
| 13a. FATHER'S NAME<br>Dan Kirkland   |  | 13b. MOTHER'S MAIDEN NAME<br>Martha Glasco  |   |
| 14. NAME OF HUSBAND OR WIFE<br>Judson Moore, Sr.   |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES<br>(Yes, or unknown) (If yes, give war or dates)<br>NO  |  | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br>Rosie Holland, 6003 Maple   |  | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) abdominal carcinomatosis - metastatic<br>DUE TO (b) Carcinoma of ascending colon<br>DUE TO (c) 153.0<br>CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. |  | 19. INTERVAL BETWEEN ONSET AND DEATH<br>2 years<br>2 years  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                 | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from Feb 6, 1963, to Feb 7, 1963, and last saw her alive on Feb 6, 1963<br>Death occurred at 8:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |
| 22a. SIGNATURE<br>Robert Rainey MD (Degree or title)   |  | 22b. ADDRESS<br>100 N. Euclid Ave, St. Louis, Mo. Feb 8, 1963   |   |
| 22c. DATE SIGNED   |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   | 23b. DATE<br>2/13/1963   | 23c. NAME OF CEMETERY OR CREMATORY<br>Greenwood Cemetery  | 23d. LOCATION (City, town, or county)<br>St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR<br>Charles J. Gates, Jr., 4107 Finney   |  | 25. DATE RECD. BY LOCAL REG.<br>FEB 11 1963   |   |
|  |  | 26. REGISTRAR'S SIGNATURE<br>Lead Smith M.D.  |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student

Raymond Dickson  
Signature of Student Embalmer

Signed

Gupton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Firney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.